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CONFIRMATION NO. 5920

SERIAL NUMBER 09/635,345	FILING OR 371(c) DATE 08/09/2000 RULE	CLASS 128	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. AKC-22900 [R0171]
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/150,737 08/25/1999  
 and claims benefit of 60/148,130 08/10/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

10/02/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4

**ADDRESS**

ORIGIN MEDSYSTEMS, INC.  
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**TITLE**

Apparatus and methods for subxiphoid endoscopic access

FILING FEE RECEIVED 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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